



10/24/00

Please type a plus sign (+) inside this box → ☒Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No. 219.39026X00 First Inventor or Application Identifier Rajesh Shah Title See 1 in Addendum Express Mail Label No.	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 30] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>4. Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p>		<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>	
<p><small>* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</small></p>		ACCOMPANYING APPLICATION PARTS	
<p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____</p> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		<p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other: _____</p>	
17. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		020457 <small>(Insert Customer No. or Attach bar code label here)</small>	
or <input type="checkbox"/> Correspondence address below			
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Address			
City		State	Zip Code
Country	Telephone	Fax	

Name (Print/Type)	Christopher J. Hamaty	Registration No. (Attorney/Agent)	37,634
Signature		Date	10-24-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Attachment to PTO/SB/05 (4/98) Utility Patent Application
Transmittal

1. SYSTEM AND METHOD FOR PROVIDING DETAILED PATH INFORMATION TO CLIENTS.

1c922 U.S. PTO
09/694492



<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB-09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>October 24, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Rajesh Shah</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>219.39026X00</td> </tr> </table>		Application Number		Filing Date	October 24, 2000	First Named Inventor	Rajesh Shah	Examiner Name		Group / Art Unit		Attorney Docket No.	219.39026X00
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TOTAL AMOUNT OF PAYMENT (\$) 786.00															

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 01-2135</p> <p>Deposit Account Name 01-2135</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. 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141	1,210	241	605	Petition to revive - unintentional	0.00																																																																																																																																																																																																																																																																																				
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143	430	243	215	Design issue fee	0.00																																																																																																																																																																																																																																																																																				
144	580	244	290	Plant issue fee	0.00																																																																																																																																																																																																																																																																																				
122	130	122	130	Petitions to the Commissioner	0.00																																																																																																																																																																																																																																																																																				
123	50	123	50	Petitions related to provisional applications	0.00																																																																																																																																																																																																																																																																																				
126	240	126	240	Submission of Information Disclosure Stmt	0.00																																																																																																																																																																																																																																																																																				
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00																																																																																																																																																																																																																																																																																				
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00																																																																																																																																																																																																																																																																																				
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00																																																																																																																																																																																																																																																																																				
Other fee (specify) _____					0.00																																																																																																																																																																																																																																																																																				
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SUBTOTAL (3)					(\$ 40.00)																																																																																																																																																																																																																																																																																				

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Christopher J. Hamaty	Registration No. (Attorney/Agent)	37,634
Signature	<i>Chris Hamaty</i>	Telephone	
		Date	10-24-00

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.